

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS3564SNF</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAREMERIDIAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7690 CARMEN BLVD LAS VEGAS, NV 89128</b>		
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Z 000	Initial Comments  This Statement of Deficiencies was generated as a result of the annual survey conducted at your facility on 10/28/08 through 10/29/08.  The census at the beginning of the survey was 17 residents. Fourteen personnel records were sampled.  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  The following regulatory deficiencies were identified.	Z 000		
Z342 SS=C	NAC 449.74511 Personnel Records - Licenses, TB, Background  3. A current and accurate personnel record for each employee of the facility must be maintained at the facility. The record must include, without limitation: a) Evidence that the employee has obtained any license, certificate or registration, and possesses the experience and qualifications, required for the position held by the employee; b) Such health records as are required by chapter 441A of NAC which include evidence that the employee has had a skin test for tuberculosis in accordance with NAC 441A.375; and c) Documentation that the facility has not received any information that the employee has been convicted of a crime listed in paragraph (a) of subsection 1 of NRS 449.188.	Z342		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z342	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120 &lt;<a href="http://www.leg.state.nv.us/NRS/NRS-441A.html">http://www.leg.state.nv.us/NRS/NRS-441A.html</a>&gt;)</p> <p>1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 &lt;<a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>&gt;.</p> <p>2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 &lt;<a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>&gt;.</p> <p>3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a:</p> <p>(a) Physical examination or certification from a licensed physician that the person is in a state of</p>	Z342			

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Z342	<p>Continued From page 2</p> <p>good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and</p> <p>(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.</p> <p>È If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 &lt;<a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>&gt;.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph</p>	Z342			

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Z342	<p>Continued From page 3</p> <p>(g) of subsection 1 of NAC 441A.200 &lt;<a href="http://www.leg.state.nv.us/NAC/NAC-441A.html">http://www.leg.state.nv.us/NAC/NAC-441A.html</a>&gt;.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on record review, the facility failed to ensure personnel records contained documented evidence of initial and/or annual tuberculin testing for 9 of 14 employees (#1, #3, #4, #5, #6, #8, #12, #13, #14) and failed to ensure personnel files contained documented evidence of a pre-employment physical examination or certification for 10 of 14 employees (#1, #2, #3, #4, #5, #6, #9, #10, #13, #14).</p> <p>Findings include:</p> <p>1. Tuberculin testing:</p> <p>On the morning of 10/29/08, the following employees' personnel files lacked documented evidence of initial tuberculin testing:</p> <p>Emp.#1 - hired on 11/15/07 Emp.#3 - hired on 9/15/08 Emp.#4 - hired on 8/11/08</p>	Z342		

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Z342	<p>Continued From page 4</p> <p>Emp.#5 - hired on 6/18/08 Emp.#6 - hired on 7/2/08 Emp.#13 - hired on 8/18/07</p> <p>On the morning of 10/29/08, the following employees' personnel files lacked documented evidence of annual tuberculin testing:</p> <p>Emp.#8 - hired on 7/26/06 Emp.#12 - hired on 4/20/06 Emp.#14 - hired on 12/4/07</p> <p>2. Physical examination</p> <p>On the morning of 10/29/08, the following employees' personnel files lacked documented evidence of a pre-employment physical examination:</p> <p>Emp.#1 - hired on 11/15/07 Emp.#2 - hired on 4/8/08 Emp.#3 - hired on 9/15/08 Emp.#4 - hired on 8/11/08 Emp.#5 - hired on 6/18/08 Emp.#6 - hired on 7/2/08 Emp.#9 - hired on 1/17/06 Emp.#10 - hired on 9/3/07 Emp.#13 - hired on 8/18/07 Emp.#14 - hired on 12/4/07</p> <p>Severity: 1    Scope: 3</p>	Z342		

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